Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

445216	_
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provi	de a certification form for each SAC through which it provides Lifeline service).
Texas	Southwestern Bell Telephone Company
State	ETC Name
AT&T Texas	AT&T Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
in accordance with Section 3(2) of the Communications Act. The	? Yes ⊠ No □ ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined at Section defines "affiliate" as "a person that (directly or indirectly) owns or thip or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. §
Affiliated ETC's SAC	Affiliated ETC's Name
See page 4.	See page 4.
See page 4.	

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial ()

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
87,664	815	1,626	17,465	67,758

Recertification Results:

F	G	H = (F-G)	1	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non- response or response of ineligibility from ETC
0	0	0	G.)	recertification attempt

К	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
70,620	2,621	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial _______

AND/OR

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial ______

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$	
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non- response	
(This should equal the number reported in Block E)			
70,620	2,621	3.7	

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?	Yes	No ⊠

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

Sign	-	+	-	D	lan	1.
212	12	LU	re	D	ЮC	к

	listed above is in compliance with all federal Lifeline certification med above. I am authorized to make this certification for the Study
Signed, Signature of Officer	Paul W. Stephens, Senior Vice President & Controller Printed Name and Title of Officer
ps0278@att.com	1/2.5/1
Email Address of Officer	Date
Ronald L. Hilyer	404-927-8120
Person Completing This Certification Form	Contact Phone Number

Affiliated ETCs

	Name
549004	AT&T CORP
639005	AT&T MOBILITY PUERTO RICO, INC.
259908	AT&T MOBILITY, LLC
399015	AT&T MOBILITY, LLC
529910	AT&T MOBILITY, LLC
539010	AT&T MOBILITY, LLC
215191	BELLSOUTH TELECOMMUNICATIONS, LLC
225192	BELLSOUTH TELECOMMUNICATIONS, LLC
235193	BELLSOUTH TELECOMMUNICATIONS, LLC
245194	BELLSOUTH TELECOMMUNICATIONS, LLC
255181	BELLSOUTH TELECOMMUNICATIONS, LLC
265182	BELLSOUTH TELECOMMUNICATIONS, LLC
275183	BELLSOUTH TELECOMMUNICATIONS, LLC
285184	BELLSOUTH TELECOMMUNICATIONS, LLC
295185	BELLSOUTH TELECOMMUNICATIONS, LLC
345070	ILLINOIS BELL TELEPHONE COMPANY
325080	INDIANA BELL TELEPHONE COMPANY, INC.
315090	MICHIGAN BELL TELEPHONE COMPANY
555173	NEVADA BELL TELEPHONE COMPANY
209012	NEW CINGULAR WIRELESS PCS, LLC
269905	NEW CINGULAR WIRELESS PCS, LLC
279010	NEW CINGULAR WIRELESS PCS, LLC
289912	NEW CINGULAR WIRELESS PCS, LLC
319026	NEW CINGULAR WIRELESS PCS, LLC
389015	NEW CINGULAR WIRELESS PCS, LLC
409004	NEW CINGULAR WIRELESS PCS, LLC
449022	NEW CINGULAR WIRELESS PCS, LLC
479006	NEW CINGULAR WIRELESS PCS, LLC
619004	NEW CINGULAR WIRELESS PCS, LLC
545170	PACIFIC BELL TELEPHONE COMPANY
405211	SOUTHWESTERN BELL TELEPHONE COMPANY
415214	SOUTHWESTERN BELL TELEPHONE COMPANY
425213	SOUTHWESTERN BELL TELEPHONE COMPANY
435215	SOUTHWESTERN BELL TELEPHONE COMPANY
305150	THE OHIO BELL TELEPHONE COMPANY
335220	WISCONSIN BELL, INC.

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

549004	
Study Area Code (SAC)	
	certification form for each SAC through which it provides Lifeline service).
California	AT&T Corp.
State	ETC Name
N/A	AT&T Inc.
DBA, Marketing or Other Branding Name	Holding Company Name
(If same as ETC name, list "N/A" Do not leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes ⊠ No □
in accordance with Section 3(2) of the Communications Act. That Se	, using page 4 and additional sheets if necessary. Affiliation shall be determined ection defines "affiliate" as "a person that (directly or indirectly) owns or or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. §
Affiliated ETC's SAC	Affiliated ETC's Name
See page 4	See page 4
For nurnoses of this filing an officer is an occupant of	a position listed in the article of incorporation, articles of

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial Constitution

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
2,136	0	30	404	1,702

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \mathbf{-} \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non- response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L		
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC		
1,981	243		

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial ______

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

<u>California Third-party Administrator Xerox</u>. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

<u>Initial</u>

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) \star 100)$	
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response	
1,981	243	12.3	

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?	Yes □ No ⊠		
If Yes, record the number of subs	cribers de-enrolled for non-usage by month in Block Q below.		
P	Q		
Month	Subscribers De-Enrolled for Non-Usage		
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total Subscribers			

Signature Block

	ly listed above is in compliance with all federal Lifeline certification by named above. I am authorized to make this certification for the
Study Area Code (SAC) listed above.	
Signed, Saul W. Mother	Paul W. Stephens, Senior Vice President & Controller
Signature of Officer	Printed Name and Title of Officer
PS0278@att.com	1/25/14
Email Address of Officer	Date
Ronald L. Hilyer	404-927-8120
Person Completing This Certification Form	Contact Phone Number

Affiliated ETCs

SAC	Name
639005	AT&T MOBILITY PUERTO RICO, INC.
259908	AT&T MOBILITY, LLC
399015	AT&T MOBILITY, LLC
529910	AT&T MOBILITY, LLC
539010	AT&T MOBILITY, LLC
215191	BELLSOUTH TELECOMMUNICATIONS, LLC
225192	BELLSOUTH TELECOMMUNICATIONS, LLC
235193	BELLSOUTH TELECOMMUNICATIONS, LLC
245194	BELLSOUTH TELECOMMUNICATIONS, LLC
255181	BELLSOUTH TELECOMMUNICATIONS, LLC
265182	BELLSOUTH TELECOMMUNICATIONS, LLC
275183	BELLSOUTH TELECOMMUNICATIONS, LLC
285184	BELLSOUTH TELECOMMUNICATIONS, LLC
295185	BELLSOUTH TELECOMMUNICATIONS, LLC
345070	ILLINOIS BELL TELEPHONE COMPANY
325080	INDIANA BELL TELEPHONE COMPANY, INC.
315090	MICHIGAN BELL TELEPHONE COMPANY
555173	NEVADA BELL TELEPHONE COMPANY
209012	NEW CINGULAR WIRELESS PCS, LLC
269905	NEW CINGULAR WIRELESS PCS, LLC
279010	NEW CINGULAR WIRELESS PCS, LLC
289912	NEW CINGULAR WIRELESS PCS, LLC
319026	NEW CINGULAR WIRELESS PCS, LLC
389015	NEW CINGULAR WIRELESS PCS, LLC
409004	NEW CINGULAR WIRELESS PCS, LLC
449022	NEW CINGULAR WIRELESS PCS, LLC
479006	NEW CINGULAR WIRELESS PCS, LLC
619004	NEW CINGULAR WIRELESS PCS, LLC
545170	PACIFIC BELL TELEPHONE COMPANY
405211	SOUTHWESTERN BELL TELEPHONE COMPANY
415214	SOUTHWESTERN BELL TELEPHONE COMPANY
425213	SOUTHWESTERN BELL TELEPHONE COMPANY
435215	SOUTHWESTERN BELL TELEPHONE COMPANY
445216	SOUTHWESTERN BELL TELEPHONE COMPANY
305150	THE OHIO BELL TELEPHONE COMPANY
335220	WISCONSIN BELL, INC.

Annual Lifeline Eligible Telecommunications Carrier Certification Form Addendum to Form 555 AT&T Corp

The California Public Utilities Commission Lifeline Administrator has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program for all of the following:

- Income
- Medicaid/Medi-Cal
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- CalFresh, Food Stamps or Supplemental Nutrition Assistance Program (SNAP)
- · Women, Infants and Children Program (WIC)
- National School Lunch Program (NSL)
- Temporary Assistance for Needy Families (TANF)
 - 1. California Work Opportunity and Responsibility to Kids (CalWORKs)
 - 2. Stanislaus County Work Opportunity and Responsibility to Kids (StanWORKs)
 - 3. Welfare-to-Work (WTW)
 - 4. Greater Avenues for Independence (GAIN)
- Tribal TANF
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible (Tribal Only)
- Food Distribution Program on Indian Reservations

Initial C

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

545170 Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a	certification form for each SAC through which it provides Lifeline service).
(in English Telecommunication Carrier (210) man provide a	our systems of the second of t
California	Pacific Bell Telephone Company
State	ETC Name
AT&T California	AT&T Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
in accordance with Section 3(2) of the Communications Act. That Sec	Yes No using page 4 and additional sheets if necessary. Affiliation shall be determined ction defines "affiliate" as "a person that (directly or indirectly) owns or or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. §
Affiliated ETC's SAC	Affiliated ETC's Name
See page 4	See page 4
bylaws (or partnership agreement), and would typically	position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate be president, vice president for operations, vice president for l. If the filer is a sole proprietorship, the owner must sign the
Section 1: Initial Certification All ETCs must complete	te this section

A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

1

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
536,335	0	9,249	148,208	378,878

Recertification Results:

F	G	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non- response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L		
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC		
497,925	49,399		

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial _______

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

<u>California Third-party Administrator Xerox</u>. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial ______

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) \star 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
497,925	49,399	9.9

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

T	170	F		
IS II	e E	I C I	re-	Paid?

Yes

No 🗵

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

Signature Block

Number By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Signature of Officer

ps0278@att.com

Email Address of Officer

Ronald L. Hilyer

Person Completing This Certification Form

Paul W. Stephens, Senior Vice President & Controller

Printed Name and Title of Officer

Date /

404-927-8120

Contact Phone

Affiliated ETCs

SAC	Name	
549004	AT&T CORP	
639005	AT&T MOBILITY PUERTO RICO, INC.	
259908	AT&T MOBILITY, LLC	
399015	AT&T MOBILITY, LLC	
529910	AT&T MOBILITY, LLC	
539010	AT&T MOBILITY, LLC	
215191	BELLSOUTH TELECOMMUNICATIONS, LLC	
225192	BELLSOUTH TELECOMMUNICATIONS, LLC	
235193	BELLSOUTH TELECOMMUNICATIONS, LLC	
245194	BELLSOUTH TELECOMMUNICATIONS, LLC	
255181	BELLSOUTH TELECOMMUNICATIONS, LLC	
265182	BELLSOUTH TELECOMMUNICATIONS, LLC	
275183	BELLSOUTH TELECOMMUNICATIONS, LLC	
285184	BELLSOUTH TELECOMMUNICATIONS, LLC	
295185	BELLSOUTH TELECOMMUNICATIONS, LLC	
345070	ILLINOIS BELL TELEPHONE COMPANY	
325080	INDIANA BELL TELEPHONE COMPANY, INC.	
315090	MICHIGAN BELL TELEPHONE COMPANY	
555173	NEVADA BELL TELEPHONE COMPANY	
209012	NEW CINGULAR WIRELESS PCS, LLC	
269905	NEW CINGULAR WIRELESS PCS, LLC	
279010	NEW CINGULAR WIRELESS PCS, LLC	
289912	NEW CINGULAR WIRELESS PCS, LLC	
319026	NEW CINGULAR WIRELESS PCS, LLC	
389015	NEW CINGULAR WIRELESS PCS, LLC	
409004	NEW CINGULAR WIRELESS PCS, LLC	
449022	NEW CINGULAR WIRELESS PCS, LLC	
479006	NEW CINGULAR WIRELESS PCS, LLC	
619004	NEW CINGULAR WIRELESS PCS, LLC	
405211	SOUTHWESTERN BELL TELEPHONE COMPANY	
415214	SOUTHWESTERN BELL TELEPHONE COMPANY	
425213	SOUTHWESTERN BELL TELEPHONE COMPANY	
435215	SOUTHWESTERN BELL TELEPHONE COMPANY	
445216	SOUTHWESTERN BELL TELEPHONE COMPANY	
305150 THE OHIO BELL TELEPHONE COMPA		
335220	WISCONSIN BELL, INC.	

Annual Lifeline Eligible Telecommunications Carrier Certification Form Addendum to Form 555 Pacific Bell Telephone Company

The California Public Utilities Commission Lifeline Administrator has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program for all of the following:

- Income
- Medicaid/Medi-Cal
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- CalFresh, Food Stamps or Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants and Children Program (WIC)
- National School Lunch Program (NSL)
- Temporary Assistance for Needy Families (TANF)
 - California Work Opportunity and Responsibility to Kids (CalWORKs)
 - 2. Stanislaus County Work Opportunity and Responsibility to Kids (StanWORKs)
 - 3. Welfare-to-Work (WTW)
 - 4. Greater Avenues for Independence (GAIN)
- Tribal TANF
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible (Tribal Only)
- Food Distribution Program on Indian Reservations